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CONFIRMATION NO. 5450

<b>SERIAL NUMBER</b> 10/735,873	<b>FILING OR 371(c) DATE</b> 12/16/2003 <b>RULE</b>	<b>CLASS</b> 283	<b>GROUP ART UNIT</b> 3722	<b>ATTORNEY DOCKET NO.</b> FP9880	
<b>APPLICANTS</b> Ching-Nan Chu, Shu Lin City, TAIWAN; <b>** CONTINUING DATA *****</b> <i>none</i> <b>** FOREIGN APPLICATIONS *****</b> <i>none</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 03/23/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>OK</i> Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> TAIWAN	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 52981					
<b>TITLE</b> Method for indicating the user's name on a blood-sampling needle pen and the product thereof					
<b>FILING FEE RECEIVED</b> 385	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		